## **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

TOWNYCHTY GLERK

2023 OCT 10 PM 2:46

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE								
DiMartino 23 For A Better Derby	1							
2. TREASURER NAME								
<sup>First</sup> Ryan		мі D	Last Toffey			-		Suffix
3. TREASURER ADDRESS		1	<u> </u>					
Street Address		City	/		s	tate	Zip C	ode
8 1/2 B Talmadge St		De	erby			CT	064	18
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUC	SHT (Complete on	ly if Candidat	e Committee)			6. DIST	RICT NUMBER
(mm/dd/yyyy) 11/07/2023	Mayor						(if applicable	2)
7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)					325-32	
<sup>First</sup> Joseph		MI L	Last DiMar	ino				Suffix
8. TYPE OF REPORT (Check One Box)		<u> </u>						<u> </u>
O January 10 filing	☐ 7th day prece	ding primary	<b>⊘</b> 7th	day preceding referendum		tial Cont		r Disbursement
O April 10 filing	☐ 30 days follow	wing primary	<b>O</b> 45	days following referendum		nendmen		
July 10 filing	☐ 7th day prece	ding election	□ De	ficit	~	e of Rep		
October 10 filing	☐ 12th day prec		☐ Te	mination	<b></b>			
O24 Hour Independent Expenditure Primary Election	□ 45 days follow not held in No	wing election						
9. PERIOD COVERED								
	Beginning Da	te		Ending Date				
	July 1, 2023		thru	September 30, 2023	<del></del>			
10. CERTIFICATION								
I hereby certify and state, under p Disclosure Statement for the pe					nis <b>Itemi</b>	ized Ca	mpaign F	linance
To Take		Ry	an Toffey				10/10/	2023
TREASURER OR DEPUTY TREASURE	er (SIGNATURE)	PRI	NT NAME	OF SIGNER			DATE	(mm/dd/yyyy)
A person who is				olated any provisions of the imprisonment or both.	е сатро	aign fìnd	ance stati	utes

#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

## **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	6,303.57	
13. Contributions Received from Individuals (Sections A and B)	2,700.00	9,707.00
14. Receipts from Other Committees (Sections C1 and C2)		1,800.00
15. Other Monetary Receipts (Sections D through K)		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		100.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	2,700.00	11,607.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	8,903.607	19,500,000
19. Expenses Paid by Committee (Section P)	158.34	2,761.77
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	8,845,23	8,845.23
21. In-Kind Donations not Considered Contributions Received (Section L4)		A COLUMN TO THE REAL PROPERTY OF THE PROPERTY
22. In-Kind Donations not Considered Contributions — House Party (Section L5)		
23. In-Kind Contributions Received (Section M)		
24. Refundable Deposit to Telephone Company (Section N)		
25. Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c Payments on Loan		TO THE REAL PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		2023 OCT 10 1

_	c	
U	1	

AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT					
DiMartino 23 For A Better Derby			October 10					
A. Total Contributions from S (See instructions for definition of Small				this Period ONLY STOTAL SECTION A	\$			
		B. Itemized Con	ıtr	ibutions from Indivi	duals			
Last Name				First			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	МІ
Bussell				Larry				
Residential Street Address			City	,		State	Ziţ	Code
152 Shagbark Dr			De	erby		CT	06	5418
Principal Occupation				Name of Employer		1		
Retired				Retired				
s contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	doe	ontribution is in excess of \$400 t is contributor or business he/she is ded at more than \$5,000?					.mount 00.00	of Contribution
event reported in Section L1?	Yes No	Is contributor a principal of a surfyes, indicate which bran	ıch	e contractor or prospective stat or branches	No No		30.00	
If yes, list Event # 3A		of government the contract	t is		©Legislative	_		
Method of Contribution:				Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit (	Card (	Payroll Deduction OMoney	Orc	der 9/17/2023	300.00			
ast Name				First				MI
onfinante				Joseph Jr.				
esidential Street Address			City			State	Ziŗ	Code
47 Myrtle Ave			An	sonia		СТ	06	5401
rincipal Occupation				Name of Employer		L		
Retired				Retired				
s contributor a lobbyist, spouse, Yes	If ~	ontribution is in excess of \$400 to		<b>l</b>	officer of a municipality	, , ,	me:'	of Cortail
r dependent child of a lobbyist?	doe	s contribution is in excess of \$400 to s contributor or business he/she i and at more than \$5,000?					.mount -	of Contribution
	Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	nch	or branches	e contractor? Yes No Legislative			
Method of Contribution:				Date Received	Aggregate Contributions	$\dashv$		
Cash Personal Check Credit/Debit C	Card (	Payroll Deduction OMoney	Ord	der 9/17/2023	250.00			
ast Name	<del></del>			First			***************************************	MI
usco				Linda				
tesidential Street Address		1/	City			State	75	Code
O Platt St		1	-	erby		CT	1 -	5418
rincipal Occupation						<u> </u>		
Retired				Name of Employer Retired				
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	ontribution is in excess of \$400 t s contributor or business he/she is aed at more than \$5,000?					mount	of Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event # 3A	Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contract	ıch	or branches	e contractor? Yes  No  Legislative			
Method of Contribution:				Date Received	Aggregate Contributions	$\dashv$		
Cash Personal Check Credit/Debit C	Card (	Payroll Deduction OMoney	Oro	der 9/17/2023	250.00			·
		SUBT	O'	TAL Section B — This	Page 300.00			
		TOTAL	ı of	f additional Section B I	ages			
TOTAL OF A	ALL	CONTRIBUTIONS FROM	1 II	NDIVIDUALS (Sections A	A+B) 300 00			
		(Enter total on Line 1	13, (	Column A of Summary Page	Totals)		2023	OCT 10 PM

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)			TYPE OF REPORT			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			October 10				
				\$			
Last Name Garofalo Residential Street Address	B. Itemized Co	Ontr	<b>ibutions from Indivi</b> First Barbara	duals	State	Zip	MI
52 Selma Ave		De	erby		СТ	06	418
Principal Occupation Retired			Name of Employer Retired		. <del>1</del>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?						of Contribution
event reported in Section L1?  If yes, list Event # 3A	Yes Is contributor a principal of a No If yes, indicate which bra of government the contract	nch	or branches with: OExecutive	OLegislative No			
Method of Contribution:  Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	y Ord	Date Received der 9/17/2023	Aggregate Contributions 100.00			
Last Name Garofalo		***************************************	First Elise				MI
Residential Street Address		City			State	Zip	Code
24 Hampton Close		Ora	ange		СТ	06	477
Principal Occupation Retired		•	Name of Employer Retired				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?					ount o	f Contribution
×	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch	or branches	te contractor? Yes			
Method of Contribution:  Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	y Ord	Date Received ler 9/17/2023	Aggregate Contributions			
Last Name Garofalo			First Marc				MI
Residential Street Address 95 Academy hill Rd		City De	erby		State CT	I -	Code 418
Principal Occupation Town Clerk			Name of Employer City of Derby				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				.	ount 6	of Contribution
	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	inch	or branches	_ ONo			
Method of Contribution:			Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	y Orc	der 9/17/2023	350.00		Nikowa Ayaza	
	SUB'	то	ΓAL Section B — This	Page 40000 35	30.0C		
	ТОТА	L of	f additional Section B l	Pages 300.00		2023 	OCT 10 PM
TOTAL OF	ALL CONTRIBUTIONS FROM	M IN	NDIVIDUALS (Sections	A + B) 70000 (25	50,00	)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	10 10 10 10 10 10 10 10 10 10 10 10 10 1		TYPE OF REPORT			
DiMartino 23 For A Better Derby			October 10			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)		s Period ONLY TAL SECTION A	\$			
B. Itemized Con	ntribu	tions from Individ	luals			
Last Name Heller	First Be					MI
Residential Street Address	City			State	Zip C	ode
6 Hunter's Ridge	Wood	bridge		СТ	065	25
Principal Occupation		Name of Employer		L		
First Selectman		Town of Woodbridg	je			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3A  Yes  Is contributor a principal of a s  If yes, indicate which brance of government the contraction of government the contraction.	nch or br	ranches	contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	9/15/2023	100.00			
Last Name	First					MI
Hoyle	Clif	fford				
	City			State	Zip C	ode
	Anson	iia 		CT	064	01
Principal Occupation		Name of Employer				
Attorney		Hoyle & Sponheime				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes of Contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  No  If yes, indicate which brain of government the contract of government the contract of government.	nch or b	ranches	_ ONo			
Method of Contribution:		Date Received	Aggregate Contributions			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	Order	9/6/2023	300.00			
Last Name	First	t				MI
Kurtyka	Ge	eorge				
	City			State	Zip C	Į.
	Derby			СТ	064	18
Principal Occupation  SCCUMY		Name of Employer  YMP NH	Heart	l		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of Contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				/, Amo		Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3A  Section L1?  No  Yes  No  If yes, indicate which bran of government the contract	nch or br	ranches	contractor? Yes No Legislative			
Method of Contribution:	i	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order	9/17/2023	100.00			
SUBT	ГОТАІ	L Section B — This	Page 300.00			
TOTAL	L of ado	ditional Section B P	ages <b>JOCOV</b> O	50.00		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1)		VIDUALS (Sections A		50.0G	2023 (	)CT 10 PM

# 

DiMartino 23 For A Better Derby			October 10			
A. Total Contributions from Smal (See instructions for definition of Small Cont		this Period ONLY BTOTAL SECTION A	\$			
	B. Itemized Contr	ibutions from Indiv	duals			
Last Name		First			MI	
_aJeunesse		Marcel		·		
Residential Street Address 52 Old Sentinel Hill Rd	City De	erby		State CT	Zip Code 06418	
Principal Occupation Retired		Name of Employer Retired				
or dependent child of a lobbyist?    No doe	contribution is in excess of \$400 to a contributor or business he/she is a ued at more than \$5,000?			7, <b>Am</b>	ount of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 3A	Is contributor a principal of a state  If yes, indicate which branch of government the contract is	or branches	No No			
Method of Contribution:  Cash Personal Check Credit/Debit Card (	Payroll Deduction OMoney Ord	Date Received der 9/9/2023	Aggregate Contributions 100.00			
ast Name Malerba		First Aniello III			М	
Residential Street Address 41Lakeview Terr	City De	erby		State	Zip Code 06418	
Principal Occupation Letter Carrier		Name of Employer USPS				
or dependent child of a lobbyist?   One of the open of	ontribution is in excess of \$400 to a as contributor or business he/she is as ued at more than \$5,000?			7, Am	ount of Contribution	
s this contribution associated with an event reported in Section L1?  Yes  Yes  Yes  No  If yes, list Event # 3A	Is contributor a principal of a state  If yes, indicate which branch of government the contract is	or branches	tte contractor? Yes  No  Legislative	_		
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Ocredit/Debit Card (	Payroll Deduction Money Orc	ler 9/13/2023	200.00			
ast Name Ritter		First Randal			MI	
Residential Street Address 283 Elizabeth St	City De	erby		State CT	Zip Code 06418	
Principal Occupation Profect Manager		Name of Employer Yale University				
or dependent child of a lobbyist?   No doe	contribution is in excess of \$400 to a es contributor or business he/she is a ued at more than \$5,000?			y, <b>Am</b> 100	ount of Contribution	
Is this contribution associated with an event reported in Section L1? No If yes, list Event # 3A	Is contributor a principal of a state  If yes, indicate which branch of government the contract is	or branches	<b>⊙</b> No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
Cash Personal Check Credit/Debit Card	Payroll Deduction OMoney Ord	der 9/17/2023	200.00			
	SUBTO'	FAL Section B — This	300.00 a	ر د	2023 <b>OCT 10</b> pm	
	TOTAL of	f additional Section B	Pages 4000.000 0	150,	00	
TOTAL OF ALL	CONTRIBUTIONS FROM II (Enter total on Line 13,	NDIVIDUALS (Sections Column A of Summary Page		250,	00	

DiMartino 23 For A Better Derby	October 10	October 10			
A. Total Contributions from Small Contributors (See instructions for definition of Small Contributor)	-Received this Period ONLY SUBTOTAL SECTION A	954 X			
B. Itemi	ized Contributions from Ind	ividuals			
Last Name	First		MI		
Santos	Roberto				
Residential Street Address	City		State Zip Code		
3 Cedric Ave	Derby		TT 06418		
Principal Occupation	Name of Employer				
Counselor	US Dept. Veterar	ns Affairs			
or dependent child of a lobbyist?   No does contributor or busin valued at more than \$5,0		ract with said municipality No	Amount of Contribution		
event reported in Section L1? No If yes, indicate		ive OLegislative No			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Omoney Order   9/6/2023	175.00			
ast Name	First	i è -	MI		
oneecci	veocent CUM	Hola			
Residential Street Address	City	- *	State Zip Code		
26 Fairview Terr	Derby		T 06418		
Principal Occupation	Name of Employer				
owner	Happy Do	ey Preschee	11 CIC		
	ss of \$400 to a candidate for a chief executess he/she is associated with have a control oo?	ract with said municipality	Amount of Contribution 100.00		
event reported in Section L1?	ncipal of a state contractor or prospective which branch or branches the contract is with:	state contractor? Yes ive C Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Money Order   9/17/2023	100.00			
Last Name	First		MI		
Ewen	Mark				
Residential Street Address	City		State Zip Code		
204 New Haven Ave	Derby		CT 06418		
Principal Occupation	Name of Employer	'enred			
	ss of \$400 to a candidate for a chief executes he/she is associated with have a contribution? Yes	ract with said municipality	Amount of Contribution 75.00		
event reported in Section L1?	ncipal of a state contractor or prospective which branch or branches the contract is with:	<b>⊙</b> No			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction	Omoney Order 9/17/2023	75.00			
	SUBTOTAL Section B — T	his Page 275.00	2023 <b>OCT 10</b> pm		
	TOTAL of additional Section	B Pages 1800.00 (20	50,00		
	TOTAL of additional Section	71.500			

SEEC FORM 20 Revised January 2015 Sect	tion B ADDITIONAL	L PAGE	of			
NAME OF COMMITTEE (Provide Complete Na.	une as Registered with Filing Repository)		TYPE OF REPORT			
DiMartino 23 For A Better Derby			October 10			
A. Total Contributions from S (See instructions for definition of Small		ed this Period ONLY SUBTOTAL SECTION A	\$			
Last Name	B. Itemized Cor	ntributions from Indiv	duals		MI	
GildeQ		Jim				
Residential Street Address		<sup>City</sup> Derby		State	Zip Code 06418	
11 Academy Hill Rd					00418	
Principal Occupation		Name of Employer				
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?		t with said municipality	100.0	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3A	Yes Is contributor a principal of a si  No If yes, indicate which bran of government the contract		te contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	Order 9/17/2023	100.00			
Last Name		First			MI	
Capece		Matthew				
Residential Street Address	(	City		State	Zip Code	
3 Mountain St		Derby		CT	06418	
Principal Occupation AHOMUY		Name of Employer  WMHU B	nothemass	A (C	ippenters	
s contributor a lobbyist, spouse, or dependent child of a lobbyist?    O Yes  No	If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?	o a candidate for a chief executive	e officer of a municipality		unt of Contribution	
	Yes Is contributor a principal of a s No If yes, indicate which bran of government the contrac	_	tte contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit C	Card Payroll Deduction OMoney	Order 9/17/2023	100.00			
Last Name		First	The state of the s		MI	
Pettunicchi		Amy				
Residential Street Address		City		State	Zip Code	
48 Laurel Ave		Derby		СТ	06418	
Principal Occupation	<u></u>	Name of Employer	***************************************	1	1	
1/0		CHITOMS				
s contributor a lobbyist, spouse, Yes	If contribution is in excess of \$400 t	to a candidate for a chief executing	ve officer of a municipality	v. Amo	unt of Contribution	
or dependent child of a lobbyist? No	does contributor or business he/she is valued at more than \$5,000?			100.		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3A	Yes No Is contributor a principal of a s  If yes, indicate which bran of government the contrac		_ ONo			
Method of Contribution:		Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit	Card OPayroll Deduction OMoney	Order 9/17/2023	100.00			
	SUBT	OTAL Section B — This	300.00 s Page	26	023 <b>OCT 10</b> PM	
	TOTAL	of additional Section B	Pages 1575.00 (4	525.0	0	

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)
(Enter total on Line 13, Column A of Summary Page Totals)

1:875.00 1825.00

## Section B ADDITIONAL PAGE \_\_\_\_\_

_	c	
ብ	T	

NAME OF COMMITTEE (Provide Complete Na	me as Registered with Filing Repository)		TYPE OF REPORT				
DiMartino 23 For A Better Derby			October 10	October 10			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			200-2015 Sept 130 150 150 150 150 150 150 150 150 150 15				
	B. Itemized Co	ntributions from	n Individuals				
Last Name		First			MI		
Sedlock		Joseph					
Residential Street Address		City		State	Zip Code		
123 Mill St		Shelton		СТ	06484		
Principal Occupation		Name of Emple	oyer		•		
Rehed Education	<b>M</b>	Shert	on BOE				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			ty, Amor	unt of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	nch or branches	pective state contractor? Ye  Executive OLegislative	S			
Method of Contribution:		Date Received	Aggregate Contributions	_			
Cash Personal Check Credit/Debit (	Card OPayroll Deduction OMoney	y Order 9/17/2023	3 100.00				
Last Name		First			МІ		
Gilbertie		Thomas					
Residential Street Address		City		State	Zip Code		
15 Upland Rd		Middlebury		СТ	06762		
Principal Occupation		Name of Emplo	oyer	1			
Student Food Worker		Sudexo	•				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			ty, Amor	unt of Contribution		
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or branches	spective state contractor?  Or N  Executive C Legislative				
Method of Contribution:		Date Received	Aggregate Contributions				
Cash Personal Check Credit/Debit C	Card OPayroll Deduction OMoney	y Order 9/17/2023	3 25.00				
Last Name		First			MI		
Douthit		Jenna					
Residential Street Address	<del>-</del>	City		State	Zip Code		
19 Commodore Commons		Derby		ст	06418		
Principal Occupation	- to the same than	Name of Empl	oyer		1		
Scientist				26	023 OCT 10 PM		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?		e a contract with said municipality	ity, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3A	Yes No Is contributor a principal of a  If yes, indicate which bra of government the contra	anch or branches	spective state contractor?  Executive O Legislative				
Method of Contribution:		Date Received	50 0				
Cash Personal Check Cedit/Debit C	Card OPayroll Deduction OMoney	y Order 9/17/2023	50.00				
	SUB'	TOTAL Section I	3 — This Page 175.00				
	TOTA	L of additional Se	ection B Pages   187500 \	825.00	<b>&gt;</b>		
TOTAL OF	ALL CONTRIBUTIONS FROM			000.	00		
		13, Column A of Sum	mary Page Totals)				

DiMartino 23 For A Better Derby				October 10			
A. Total Contributions from S (See instructions for definition of Small		ved this Perio SUBTOTAL S		\$			
Last Name	B. Itemized Co	First	rom Ingivi	quais		Тмі	
Ezzo		Colleen					
Residential Street Address 14 Lakeview Terr		<sup>City</sup> Derby			State	Zip Code 06418	
Principal Occupation Labor Relations Rep		1	<sub>Employer</sub> I Public Servi	ce Employees Unio	n		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associated with			y, Amo	unt of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or branches		e contractor? Yes OLegislative			
Method of Contribution:  Cash Personal Check Credit/Debit Contribution:	Card Payroll Deduction OMone	Date Rec ey Order 9/17/2		Aggregate Contributions 75.00			
Last Name Margaret	reter that are depletingly of the large consequence and consequence and contact the entire con-	First Vicidomir	no	L.		MI	
Residential Street Address 116 Long Hill Ave		City Shelton	3' - (74		State CT	Zip Code 06484	
Principal Occupation Patient Navigator		i	Employer rd Healthcare	9	<b>.</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associated with	a chief executive have a contract	e officer of a municipality with said municipality	y, Amo	unt of Contribution	
	Yes Is contributor a principal of a No If yes, indicate which bra of government the contra	anch or branches	_	te contractor? Yes No Legislative			
Method of Contribution:		Date Reco		Aggregate Contributions	-		
Cash Personal Check Credit/Debit (	Card OPayroll Deduction OMone	y Order   9/19/2	2023	50.00			
Last Name Pannozzo	t telephologica en anno conserva en	First Carole		AND THE PROPERTY OF THE PROPER		MI	
Residential Street Address		City			State	Zip Code	
167 Waverly Road		Shelton			СТ	06484	
Principal Occupation		Name of	Employer		1		
Retired		Retire	d		21	023 <b>OCT 10</b> PM	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	e is associated with			y, <b>Amo</b>	ount of Contribution	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	anch or branches		e contractor? Yes  No  Legislative			
Method of Contribution:	•	Date Rec		Aggregate Contributions			
Cash Personal Check Credit/Debit (	Card OPayroll Deduction OMone	y Order 9/21/2	2023	50.00			
	SUB	TOTAL Section	on B — This	Page 175.00			
	TOTA	L of additiona	l Section B I	Pages 2050,00 2	000.0	00	
TOTAL OF .	ALL CONTRIBUTIONS FRO (Enter total on Line				U145	io 2175,00	

NAME OF COMMITTEE (Provide Complete Na	me as I	Registered with Filing Repository)	N.W		TYPE OF REPORT			
DiMartino 23 For A Better Derby					October 10			
A. Total Contributions from S (See instructions for definition of Small)				his Period ONLY OTAL SECTION A	\$			
		B. Itemized Cor	ıtrib	outions from Indivi	duals			
Last Name			- 1	irst				MI
Stankye			0	orans SUSOU	n			
Residential Street Address		[9	City			State	Zip	Code
26 David Humphreys Rd				ру		СТ	06	418Director
Principal Occupation  Legistered NWS	FC	MANOQUIDA ANALO C		Name of Employer Yale	14 HOSPIT	al		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	contributor a lobbyist, spouse, dependent child of a lobbyist? Yes does contributor or business he/sh				4 .			of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # 3A	vent reported in Section L1? No If yes, indicate which bran				e contractor? Yes  OLegislative			
Method of Contribution:				th: ©Executive  Date Received	Aggregate Contributions	$\dashv$		
Cash OPersonal Check OCredit/Debit (	Card (	Payroll Deduction OMoney	Order	9/10/2023	250.00			
ast Name		J. J	-	irst				Тмі
ast Name Didonato				Peter				IVII
Residential Street Address			City	******		State	Zip	Code
73 Derby Ave			Derb	ру		CT	06	418
rincipal Occupation				Name of Employer				
Self Employed			Theme Park Crazy					
s contributor a lobbyist, spouse, r dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 to contributor or business he/she is ed at more than \$5,000?					0.00	of Contribution
	Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	nch or	branches	te contractor? Yes No			
Method of Contribution:				Date Received	Aggregate Contributions	_		
Cash Personal Check Credit/Debit C	Card (	Payroll Deduction Money	Order	9/25/2023	150.00			
ast Name	**********		F	irst	<u> </u>		terre attendend	MI
Knowlton			F	Peter				
Residential Street Address		lo	City			State	Zin	Code
35 Buttonwood Rd			-	mouth		MA	1 -	2748
Principal Occupation				Name of Employer		<u> </u>		
Retired				Retired		2	:023 (	OCT 10 PM
is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does	ontribution is in excess of \$400 ts contributor or business he/she is at more than \$5,000?				/, An 25.		of Contribution
	Yes No	Is contributor a principal of a s  If yes, indicate which bran of government the contrac	ich or	branches	e contractor? Yes  O Legislative			
Method of Contribution:				Date Received	Aggregate Contributions			
Cash Personal Check OCredit/Debit (	Card (	Payroll Deduction OMoney	Order	9/22/2023	25.00			
		SUBT	OTA	AL Section B — This	Page 278.00 379	5. <i>0</i> 0		the Material and the service of the
		TOTAL	of a	idditional Section B I	Pages 2225780 Z	175	,00	)
TOTAL OF	ALL	CONTRIBUTIONS FROM	INI	DIVIDUALS (Sections	( + B)	ز جو مع	1.1	7
				lumn A of Summary Page		-556	), U	U

NAME OF COMMITTEE (Provide Complete Na.		TYPE OF REPORT			
DiMartino 23 For A Better Derby			October 10		
A. Total Contributions from S (See instructions for definition of Small)		red this Period ONLY SUBTOTAL SECTION A	\$		
	B. Itemized Co	ntributions from Indivi	duals		
Last Name		First			MI
Vicidomino		Laurel			
Residential Street Address		City			Zip Code
19 Falcon Drive		Seymour		CT	06483
Principal Occupation		Name of Employer			
Retired		Retired			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, <b>Amou</b>	nt of Contribution
Is this contribution associated with an event reported in Section L1?	No If yes, indicate which bran		● No		
If yes, list Event #	of government the contrac	t is with: OExecutive	OLegislative Aggregate Contributions	_	
Method of Contribution:  Cash Personal Check Credit/Debit C	Card OPayroll Deduction Offeren		100.00		
-	Jain Orayion Deduction Orioney		100.00		
Last Name  BOWCIS		First Janle	د		MI
Residential Street Address		City		1	Zip Code
28 Sheasby R	U	Ansonia		CT	06401
Principal Occupation		Name of Employer	•	<u> </u>	
Refried		Vohre			
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			y, Amour	nt of Contribution
	Yes Is contributor a principal of a No If yes, indicate which brain of government the contract		tte contractor? Yes No Legislative	7 7	5,00
Method of Contribution:		Date Received	Aggregate Contributions	_	
Ocash OPersonal Check Ocredit/Debit C	Card OPayroll Deduction OMoney	Order			
Last Name		First	J		MI
Scalettar		Ellen			
Residential Street Address 1265 Racebros	KRE	city	٠	State	Zip Code
Principal Occupation Rehved		Name of Employer  Kentul		202	23 <b>OCT 10</b> PM 2
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				nt of Contribution
	Yes Is contributor a principal of a significant which brain of government the contract		⊙No		5,00
Method of Contribution:		Date Received	Aggregate Contributions		
Cash Personal Check @Credit/Debit (	Card OPayroll Deduction OMoney	/ Order			
	SUBT	ГОТАL Section B — This	Page 100.00 15	10.00	
	TOTAI	L of additional Section B	Pages 2500.001	2550.	<i>ග</i>
TOTAL OF	ALL CONTRIBUTIONS FROM			A Grace	2100,0
		13. Column A of Summary Page		الالمحامية	

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete No.	me as l	Registered with Filing Repository)			TYPE OF	REPORT			
A. Total Contributions from S (See instructions for definition of Small				this Period ONLY TOTAL SECTION A	\$				
	24.1.5.5548°		de east						
		B. Itemized Co	AT GATE.	butions from Indiv	iduals				To a
ast Name				First					MI
Residential Street Address		······································	City		<del></del>		State	Zin	Code
			City					2.5	3040
Principal Occupation				Name of Employer					
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?					y, Ame	ount o	f Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a single significant in the contract of government the contract in the contract	nch o	or branches	_	O No			
Method of Contribution:				Date Received	Aggregate (	Contributions			
Cash Personal Check Credit/Debit	Card (	Payroll Deduction OMoney	Ord	er					
ast Name		and the second section of the second		First	***************************************			one and company of the company	MI
Residential Street Address		5-11-11-11-11-11-11-11-11-11-11-11-11-11	City				State	Zip (	Code
Principal Occupation				Name of Employer			<u></u>		
s contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	doe	ontribution is in excess of \$400 s contributor or business he/she ued at more than \$5,000?	to a c	candidate for a chief executive sociated with have a contract Yes No	ve officer of t with said n	a municipalit	y, Amo	ount o	f Contribution
s this contribution associated with an vent reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a <i>If yes</i> , indicate which bra of government the contra	nch (	or branches		Ŏ No	S		
Method of Contribution:				Date Received	Aggregate (	Contributions			
Cash OPersonal Check Ocredit/Debit	Card (	Payroll Deduction Money	Orde	er					
ast Name				First					MI
Residential Street Address	······································		City		····	<del></del>	State	Zip	Code
rincipal Occupation				Name of Employer			2	023 C	OCT 10 PM
s contributor a lobbyist, spouse, or dependent child of a lobbyist?	doe	ontribution is in excess of \$400 es contributor or business he/she ued at more than \$5,000?					y, Am	ount o	f Contribution
s this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes No	Is contributor a principal of a <i>If yes</i> , indicate which bra of government the contra	nch (	or branches		(C)No			
Method of Contribution:  Cash Personal Check Credit/Debit	Card (	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Date Received		Contributions			
		SUB	гот	FAL Section B — Thi	s Page				
		TOTA	L <b>of</b>	additional Section B	Pages	A CONTRACTOR AND A CONT			
TOTAL OF	ALL	CONTRIBUTIONS FROM (Enter total on Line		DIVIDUALS (Sections Column A of Summary Page					

## I. MONETARY RECEIPTS (Sections A—K)

		C1. (	Contributio	ns from (	ther Com	mittees			
Name of Committee	Mineria Vertuureid Eronaastulis A.D				Name of Trea			Andrews Assessment	
ddress				Is this cont	ted in Section I	ted with an Yes ON 1? list Event #	o	Amount	of Contribution
ity		State	Zip Code	Date Rec		Aggregate Contributions			
ame of Committee	Ensures and the second				Name of Trea	surer	was a second of the	aping money in the contract or annual	
ldress				Is this cont	ted in Section I	ted with an Yes ON 1? list Event #	lo	Amount	of Contribution
ty	.,, , ,,	State	Zip Code	Date Rec	eived	Aggregate Contributions			
ame of Committee					Name of Trea	surer	· · · · · · · · · · · · · · · · · · ·		
ddress			***************************************	Is this cont	ribution associa	ted with an Yes ON	Го	Amount	of Contribution
					If yes,	list Event #			
ity		Clanta	7'- 0-1-	Date Rec	eived	Aggregate Contributions			
		State	Zip Code	Date Rec		715Brogato Controllor			
	C						es		
	C2.					n other Committe	es		
	C2.				outions fro	n other Committe	es		
ame of Committee	C2.				outions fro	n other Committe	es	State	Zip Code
ame of Committee	Expenditure #	Reimbursemen		us Distrib	outions fro	n other Committe	es		
ame of Committee		Reimbursemen	nts or Surpl	us Distrib	Name of Tres	n other Committe	es		Zip Code   at of Receipt
ame of Committee  ddress  Pate Received	Expenditure #	Reimbursemen		us Distrib	outions fro	n other Committe	es		
ame of Committee  ddress  Date Received	Expenditure #	Reimbursemen	nts or Surpl	us Distrib	Name of Tres	n other Committe	es		
ame of Committee  ddress  Date Received  Description	Expenditure #	Reimbursemen	nts or Surpl	us Distrib	Name of Tres	n other Committe	es		
ame of Committee  ddress  Pate Received  Pescription  ame of Committee	Expenditure #	Reimbursemen	nts or Surpl	us Distrib	Name of Tree	n other Committe	es		
ame of Committee  ddress  Date Received  Description  ame of Committee	Expenditure #	Reimbursemen	nts or Surpl	City	Name of Tree	n other Committe	es	Amour	nt of Receipt
ame of Committee  iddress  ate Received  escription  ame of Committee	Expenditure # (if applicable)	Reimbursemen	nts or Surpl	City	Name of Tree	n other Committe	es	Amour	nt of Receipt
ame of Committee  iddress  ate Received  escription  ame of Committee	Expenditure # (If applicable)	Payment Type  Reimburser  Payment Type	nts or Surpl	City  City	Name of Tree	m other Committe	es	Amour	zip Code
Jame of Committee  Address  Date Received  Description  Jame of Committee  Address  Date Received	Expenditure # (if applicable)	Payment Type  Reimburser  Payment Type	nent for shared o	City  City	Name of Tres	m other Committe	es	Amour	zip Code
Jame of Committee  Address  Date Received  Description  Jame of Committee  Address  Date Received	Expenditure # (if applicable)	Payment Type  Reimburser  Payment Type	ment for shared of seement for share	City  City  City	Name of Tres	m other Committe	es	Amour	Zip Code
Name of Committee Address  Date Received  Description  Vame of Committee  Address  Date Received  Description	Expenditure # (if applicable)	Payment Type  Reimburser  Payment Type	ment for shared of sement for share	City  City  City  CTAL Sect	Name of Trea	n other Committe surer  ation  ibution  is Page	es	Amour	Zip Code

#### I. MONETARY RECEIPTS (Sections A-K)

	D. Loans Rec	eived this Period			
Name of Lender		Source of Loan:  Bank Car	ndidate 🔘 Individu		Date of Receipt
reet Address	City		State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
ame of Cosigner/Guarantor (if applicable)					Amount Received
treet Address	City		State	Zip Code	
fame of Lender		T G CT			Date of Receipt
ame of Lender		Source of Loan:  Bank Car	ndidate 🔘 Individu	al Other Committee	Date of Receipt
reet Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
ame of Cosigner/Guarantor (if applicable)					Amount Received
treet Address	City		State	Zip Code	-
ame of Lender		Source of Loan:  Bank Can	ndidate 🔘 Individu		Date of Receipt
reet Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Tame of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Street Address	City		State	Zip Code	
Street Address	City	TOTAL SECT		Zip Code	
			TION D		
E. Receipts from Enti	city ties other than Individua		TION D		
E. Receipts from Enti			TION D		
E. Receipts from Enti	ties other than Individua	als or Other Com	TION D  mmittees (Refere	endum Committa	ees ONLY)
E. Receipts from Enti		als or Other Com	FION D  mmittees (Refere	endum Committa	ees ONLY)
E. Receipts from Entition ame of Entity  Treet Address	ties other than Individua	als or Other Com	TION D  mmittees (Refere	endum Committa	ees ONLY)
E. Receipts from Entition ame of Entity  rect Address  ity  ame of Entity	ties other than Individua	als or Other Com	TION D  mmittees (Refere	endum Committa	ees ONLY)
E. Receipts from Entity  ame of Entity  reet Address  ity  ame of Entity	ties other than Individua	als or Other Com	Date Received  Date Received  Date Received	endum Committe	Amount Received
E. Receipts from Entity  ame of Entity  ty  ame of Entity  reet Address	ties other than Individua	Zip Code	Date Received  Aggregate Contr	endum Committe	Amount Received
E. Receipts from Entity ame of Entity reet Address tty ame of Entity reet Address	ties other than Individua	Zip Code	Date Received  Date Received  Date Received	endum Committe	Amount Received
	ties other than Individua	Zip Code	Date Received  Date Received  Date Received	endum Committe	Amount Received  Amount Received

2:46

#### I. MONETARY RECEIPTS (Sections A—K)

	F. Amount Transferred	from Affi	liated Bus	siness Treasury <i>(Bi</i>	ısiness Entity Con	amittees ONLY)
e of Receipt	Is this transaction associate event reported in Section		Yes No	If yes, list Event#		Amount
e of Receipt	Is this transaction associatevent reported in Section		Yes No	If yes, list Event#		Amount
e of Receipt	Is this transaction associatevent reported in Section		O Yes O No	If yes, list Event #		Amount
e of Receipt	Is this transaction associatevent reported in Section		OYes No	If yes, list Event #		Amount
				TOTAL SECT	ON F	
	entritor i entreconicolori inchesi con comunicolori elemento so			Marine Marine Marine September 1988 (1986)		
G. Amount?	Fransferred from Affiliat	ed Labor	Union or	Other Organizati	on Treasury (C	Organization Committees ONLY
e of Receipt		Date of Receipt			Date of Receipt	
	Amount	·····				Amount
			Ai	nount		IIIII
		200	A1	nount		· · · · · · · · · · · · · · · · · · ·
			Al	TOTAL SECTIO	n G	
			Ai		on G	
	H. Personal Funds of	the Candi		TOTAL SECTIO		
e of Receipt		the Candi		TOTAL SECTIO		
e of Receipt	H. Personal Funds of			TOTAL SECTION	Candidate Commi	ttees ONLY)
_	H. Personal Funds of Method of payment:		date Reco	TOTAL SECTION	Candidate Commi	ttees ONLY)
_	H. Personal Funds of a Method of payment:	0	date Reco	TOTAL SECTION  Eived this Period (	Candidate Commi	ttees ONLY) Amount
e of Receipt	H. Personal Funds of Method of payment:  Cash  Method of payment:	0	date Rece	TOTAL SECTION  Eived this Period (	Candidate Commi	ttees ONLY) Amount
e of Receipt	H. Personal Funds of  Method of payment:  Cash  Method of payment:  Cash	0	date Rece	TOTAL SECTIO	Candidate Commi	ttees ONLY) Amount Amount
e of Receipt e of Receipt	H. Personal Funds of  Method of payment:  Cash  Method of payment:  Cash  Method of payment:	0	date Reco	TOTAL SECTIO	Candidate Commi	ttees ONLY) Amount Amount
e of Receipt e of Receipt	H. Personal Funds of a Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash  Method of payment:	0	date Reco	TOTAL SECTION  Eived this Period (  Credit/Deck Credit/Deck Credit/Deck Credit/Deck	Candidate Commi	Amount  Amount  Amount
e of Receipt e of Receipt	H. Personal Funds of a Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash  Method of payment:	0	date Reco	TOTAL SECTION  Eived this Period (  Credit/Deck Credit/Deck Credit/Deck Credit/Deck	Candidate Commi	Amount  Amount  Amount
te of Receipt te of Receipt te of Receipt te of Receipt	H. Personal Funds of a Method of payment:  Cash  Method of payment:  Cash  Method of payment:  Cash  Method of payment:	0	date Reco	TOTAL SECTION  cived this Period (  ck	Candidate Commi	Amount  Amount  Amount

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

#### I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complet	e Name as Registered with Filing Repository)	TY	PE OF F	REPORT	
	J. Interest from Deposits in Autho	rized Accounts			
Name of Institution		Dat	e Receive	d	Amount
Street Address	City	State	7	Zip Code	
Name of Institution		Dat	e Receive	ed	Amount
Street Address	City	State		Zîp Code	
TZ 3		TAL SECTION J			
Name	Miscellaneous Monetary Receipts not C	onsidered Contr		ONS f Transaction	Amount Received
Street Address	City	l s	tate	Zip Code	
	Ony				
Description					
Name			Date o	f Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
Name			Date o	f Transaction	Amount Received
Street Address	City	S	tate	Zip Code	
Description					
Name			Date o	f Transaction	AA.Did
		1000-500			Amount Received
Street Address	City	S	tate	Zip Code	0603 AAT 4A
Description				L	2#23 OCT 1 <b>0</b> pm
	ТОТАТ	SECTION K			
STIMM	ARY OF OTHER MONETARY RECE		) thro	ugh K)	
Fotal Loans Received this Period (S		ar is (Sections)	- LIII U		
	nan Individuals or Other Committees (Section E	) -	_		
Total Amount Transferred from Aff	iliated Business Treasury (Section F)	-1	<del></del>		
Total Amount Transferred from Aff	iliated Labor Union or Other Organization Trea	asury (Section G)	F		
Total Amount of Personal Funds of	the Candidate Received this Period (Section H)	-	+		
1 otal Amount of Fersonal Funus of					
	sits in Authorized Accounts (Section J)		l-		

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
	L1. Even	t Information				:
Event # 3 A Date of Event Letter 9/11/2023	Description Fund - 3			Was this a fu	ndraising event?	[
	Fund. 3 Eademy HIII Rd	City Devby		State	Zip Code	<i>,</i>
Subpart 1: (All Commit Was this event hosted at		Yes (If yes, go to Section L: Associated with a Houpurchases made by hos	ise Party and complet	e required info	rmation for any	1
	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required		not Considered	Contributions	1
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items ndividual of up to \$100?	OYes (If yes, enter Total Reco	eipts here.)	\$		
Were there purchases of sign associated with this		mittees other than Exploratory  Yes (If yes, go to Section La  or on a Sign and comp	Purchases of Advert		Program Book	1
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$		
Event # Date of Event Letter	Description			Was this a fu	ndraising event?	
Location: Street Address	1	City		State	Zip Code	
Subpart 1: (All Commit Was this event hosted at	•	OYes (If yes, go to Section Lessociated with a Houpurchases made by hos	ise Party and complete	e required info	rmation for any	
	de goods or services donated by a business entity onated by an individual of up to \$100?	Yes ( <i>If yes</i> , go to Section L and complete required No		not Considered	Contributions	
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items individual of up to \$100?	Yes (If yes, enter Total Rec	eipts here.)	\$		
	nittees, Municipal Candidates and Political Comb advertising space in a program book or on a fundraiser?	And a second sec	3 Purchases of Advert		a Program Book	
	mittees ONLY) food or beverage at a fair or similar mass e state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$		
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fi	rom Sale of Donated Items —	This Page			
		tion L1—Subpart 3 <i>(Town Commi</i> eipts from Food Purchases —	\$50.00 (a) \$1.00 (b) \$2.00 (b) \$1.00 (b)	2023	OCT 10 PM	2:48
		TOTAL of additional Section	ı Lı Pages			
		CIPTS FROM SMALL PUI in Line 16a, Column A of Summary				

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed* 

		e as Registered with Filing Reposito			y checkers	sarvenakonskia o sar	
J. CD. L	L3. P	urchases of Advertisin	ig in a Progi	am Book or on a Sign			
Name of Purchaser					1	ase Made By: usiness Entity	Other
					1 -	usiness Entity idividual/Sole P	<del></del>
Street Address			City			State	Zip Code
							•
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser					Purcha	ase Made By:	
					Ов	usiness Entity	Other
					OIn	dividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser		Marketin and the second se			I D. J.		
Name of Purchaser					1	ase Made By: usiness Entity	Other
					1 =	usmess Entity idividual/Sole P	
Street Address		with the control of t	City		O II.	State State	Zip Code
							Z.p cout
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser					Purcha	ase Made By:	
					OB	usiness Entity	Other
					O In	ndividual/Sole P	roprietorship
treet Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
Name of Purchaser					1	ase Made By:	_
						usiness Entity	Other
			T		Olr	idividual/Sole F	
treet Address			City			State	Zip Code
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purch	ase	Amount of Si	gn Purchase
	SUBTOTAL Sec	tion L3 Total Purchases of	Advertising in	Program Book — This Page			MITTO CANTO ACCORDINA MANAGONI CONTROL ACCORDINA CANTO C
	SUBTO	FAL Section L3 Total Purc	hases of Adver	tising on a Sign — This Page	****************	2023	OCT 10 PM
			TOTAL o	additional Section L3 Pages			
T	OTAL OF ALL PURC			RAM BOOK or ON A SIGN n A of Summary Page Totals)			

NAME OF COMMITTE	EE (Provide Complete Name as R	egistered with Filing Repositor	(ער	TYPE OF RE	PORT		
	L4. I	n-Kind Donations	Not Conside	red Contributions			
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:  Business Entity	Description of Donation		1		Fair	 Market Va	lue of Donation
○ Individual ○ Sole Proprietorship	Date Received	Event#		Aggregate Value for this Event			
Name of Donor	<b>A</b>						verice de Carriero de la Halla de diction de Carriero de La Carriero de Carriero de Carriero de Carriero de Ca
Street Address			City			State	Zip Code
Donation Given By:  Business Entity	Description of Donation				Fair l	Market Va	lue of Donation
○ Individual ○ Sole Proprietorship	Date Received	Event#		Aggregate Value for this Event			
Name of Donor	на в населения на населения при в удорущения от при на при на На при на пр	околому и по на <mark>в</mark> ед на месерова на объект по на постана на объект на					
Street Address			City			State	Zip Code
Donation Given By:  Business Entity	Description of Donation				Fair	Market V	lue of Donation
O Individual O Sole Proprietorship	Date Received	Event#		Aggregate Value for this Event			
Name of Donor				шинев <mark>. шиневидован это не королости не интенцирородиневидован у денту дорогодиневиши</mark>	and the second s		noonalaan kalka ka ee ka mada da ka
Street Address			City			State	Zip Code
Donation Given By:  Business Entity	Description of Donation				Fair	Market Va	lue of Donation
☐ Individual ☐ Sole Proprietorship	Date Received	Event #		Aggregate value for this Event			
		SUB	TOTAL Section	1 L4 — This Page			mak an bekarang mang kanada dan beranggan panggan panggan panggan panggan panggan panggan panggan panggan pang
		TOTA	AL of additional	Section L4 Pages			
TO	FAL OF ALL IN-KIND E (E	ONATIONS NOT CO					***************************************

NAME OF COMMITTEE (Pro	ovide Complete Name as Registered with Filing Re	pository)		· · · · · · · · · · · · · · · · · · ·	TYPE OF RE	PORT	
L5. l	In-Kind Donations Not Consid	ered (	Contributions Associa	ted with a I	House Part	<b>y</b>	
Name of Host				committee?		0	ne candidate or
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate			
Name of Host				committee?	supporting mo OYes ONo complete Itemiza	0	ne candidate or
Street Address			City			State	Zip Code
Description of Donation			L		Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate	-		
Name of Host			orania en la compania de la compania	committee?	supporting mo OYes ONo omplete Itemiza	0	ne candidate or
Street Address			City			State	Zip Code
Description of Donation				Particular Annual Control of the Con	Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	ost/candidate			
Name of Host				committee?		0	ne candidate or
Street Address			City			State	Zip Code
Description of Donation			1		Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this he	ost/candidate			
		SUB	STOTAL Section L5 —	This Page	. The commence of the comment of the		A TOTAL OF THE STATE OF THE STA
		TOTA	AL of additional Section	L5 Pages	Maria amanda ang amang at anaka		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS N HOUSE PARTY (Enter total or		ONSIDERED CONTRI 22, Column A of Summary				
							department on many and and all adaptions of the first manifest (Chapper Sec. 4).

## III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Registered v	vith Filing Repository)		TYPE OF REPORT		
		M. In-Kind Co	 ntributions			
Name						
Street Address			City		State	Zip Code
Type of contributor: Committee  Individual / Sole Proprietorship Cother	Date Received	Aggregate Contributions	Description of In-Kind C	ontribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes		or business he/she is associa	date for a chief executive of ted with have a contract with			Market Value s Contribution
is this contribution associated with an event reported in Section L1?  If yes, list Event #	Yes Is control of the No If y	······································	contractor or prospective stat	. ONo	- 0	
Name					J	
Street Address			City		State	Zip Code
Type of contributor: Committee  Individual / Sole Proprietorship Other	Date Received	Aggregate Contributions	Description of In-Kind Co	ontribution	L	
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist? No	If contribution i does contributor valued at more	r or business he/she is associ	lidate for a chief executive o ated with have a contract wi	fficer of a municipality, th said municipality	1	Market Value is Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #	No   If y	ibutor a principal of a state ces, indicate which branch or		_ ONo	-	
Name				,		
Street Address			City		State	Zip Code
Type of contributor: Committee  Individual / Sole Proprietorship Cother	Date Received	Aggregate Contributions	Description of In-Kind Co	ontribution		. 1
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does contributor		lidate for a chief executive o ated with have a contract with Yes No		I .	Market Value is Contribution
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #	No If y	ibutor a principal of a state ces, indicate which branch or overnment the contract is with		ŎNo		
		SUBTOTAL	Section M — This Page	2		
			litional Section M Pages			
TOTAL OF ALL IN-KIND CON						
ast Name of Individual	N. Refu	First	Telephone Company	MI	Date Depos	sit Made
Residential Street Address		City		State Zip Code		Amount of Deposit
vame of Telephone Company					 ?a??	OCT 10 PM
Street Address		City	]:	State Zip Code	2021	
						***************************************
TOTAL SI	ECTION N (En	ter total on Line 24, Columi	n A of Summary Page Total	s)		

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	(די)	TYPE OF REPORT		
	P. Expense	es Paid by Commit	tee		
Name of Payee Webster Bank			Date of Payment 7/21/2023	Method of Payment:  Check #  Debit Card	
Street Address 500 New Haven Ave		City Derby	1	State CT	Zip Code 06418
Purpose of Expenditure (by code)	Description Service Charge	Event#		Amount 2.20	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below Coordinated with reimbursement sought (joint expendi				
Name of Payee Linda Fusco		Date of Payment 8/10/2023		Method of Payment:  ☐ Check #518	
Street Address 10 Platt St		City Derby		State CT	t Card EFT Zip Code 06418
Purpose of Expenditure (by code)					Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization OR				
Name of Payee Anedot  Organization A OB OC OB  Date of Payment 9/30/2023			Method of Chec	Method of Payment:  Check #  Debit Card	
Street Address 1920 McKinney A	Ave 7th Floor	City Dallas		State TX	Zip Code 75201
Purpose of Expenditure by code)	Description Anedot Transaction Fees for Online Dona	ations	Event #	Amount 60.40	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization A B C D				
Name of Payee			Date of Payment	erentes fire e recommençates e en en	***************************************
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required  None of the below  Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture) 🔘 Inde	pendent		23 <b>0CT 10</b> PM
		SUBTOTAL Section	P — This Page 158.34		
	7	ΓΟΤΑL of additional Se	ection P Pages		
	TOTAL OF ALL EXI (Enter total on L	PENSES PAID BY C			

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TTEE (Provide Complete Name as Registered v	vith Filing Repository)	TYPE OF REP	ORT		
Name of Payee (Name of	Q. C.	ampaign Expenses Paid by rectly)	Candidate Date of Payment		bursement claimed?	
Street Address		City		State	Yes No No Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		rectly)	Date of Payment		Is reimbursement claimed?  Yes No	
Street Address		City	A CANADA PARA MENANCE CONTRACTOR TO A CANADA	State	Zip Code	
Purpose of Expenditure (by code)	Description	-manufactures and a second and a	Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		rectly)	Date of Payment	Is reimbursement claimed  Yes No		
Street Address City		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	<u> </u>	Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		ectly)	Date of Payment	of Payment Is reimbursement claime Yes No		
Street Address City		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		rectly)	Date of Payment	_	Is reimbursement claimed?  Yes No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)		ectly)	Date of Payment		bursement claimed? Yes No	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description	<u> </u>	Event #		Amount	
		SUBTOTAL Secti	on Q — This Page			
		TOTAL of additiona	l Section Q Pages	2	023 OCT 10 PM	
	TOTAL	OF ALL EXPENSES PAID E			· · · · · · · · · · · · · · · · · · ·	

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	y)	TYPE OF REPORT		
	R. Expenses Incurr	ed on Committee Cro	edit Card		
Name of Issuing Inst		Type of Credit Card:  O Visa Master (		an Expres	s Other:
Name of Vendor, Person	or Entity			Date of T	Fransaction
Street Address		City		State	Zip Code
Purpose of Expenditure by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require  None of the below Coordinated with reimbursement sought (joint expendence) Coordinated without reimbursement sought (in-kind of the coordinated without reimbursement)	diture) 🚺 Indep	is checked) endent ization:  A B C D		
Name of Vendor, Person	or Entity	он на достава и по на постоя на село на постава и на село на постава и на постава и на постава и на постава на На постава на постава н	and the second s	Date of T	Fransaction
Street Address		City		State	Zip Code
Purpose of Expenditure by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Require  None of the below Coordinated with reimbursement sought (joint expension) Coordinated without reimbursement sought (in-kind)	nditure) 🔘 Indep	is checked)  endent ization: A B OC I		
Name of Vendor, Person	or Entity	onacce e na couse e a presidente e a decidence en de sa produce e a presidente e a començão e	мася испонности выполня на принцент на при	Date of	Transaction
Street Address		City		State	Zip Code
Purpose of Expenditure by code)	Description		Event #		Amount
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)  None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution)  Organization:  ORGANIZATION  OR				
	S	SUBTOTAL Section R —	This Page		
	ТО	TAL of additional Section	n R Pages		
ТО	TAL OF ALL EXPENSES INCURRED ON (Enter total on Li	I COMMITTEE CREI ne 27, Column A of Summary	ernakri tilti i a kaki i kalaka telikiki i		

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Re	pository)	TYPE OF REPORT		
	S. Expenses Incurred by	Committee but Not Pai	d During this Period		
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	<u> </u>	Event #		nount Incurred
Expenditure # ((f applicable)	Type of Expenditure (Itemization in Addendum S Re None of the below Coordinated with reimbursement sought (join Coordinated without reimbursement sought (i	Ind t expenditure) Org	v" is checked) lependent anization: A B C O	D	
Name of Creditor			Onto Design and American American Company of the American Street Company of the C	Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	II	nount Incurred etimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Re  None of the below Coordinated with reimbursement sought (joint Coordinated without reimbursement sought (in	Ind t expenditure) Org	ependent anization: A B C	D	
Name of Creditor				Date Incu	rred
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		nount Incurred notimate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Re	Ind t expenditure) Org	w" is checked) ependent anization: A B C O	D	
		SUBTOTAL Section	on S-This Page		
		TOTAL of additional S	Section S Pages		
TOTAL OF ALL 1	EXPENSES INCURRED BY COMMITTEE (Enter to	DURING THIS PERIOD B tal on Line 28, Column A of Sum	total facel professories in the contract of the contract of		
	Previously report	ed Expenses Unpaid and still	l Outstanding		
	TOTAL OF ALL EXPENSES INCU	JRRED BY COMMITTEE F al on Line 28a, Column A of Sum			
	A CONTRACTOR OF THE CONTRACTOR				TWO STATES AND STATES

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITT	EE (Provide Complete Name as Registered with Filing Repos	sitory)	TY	PE OF REPORT		
	T. Itemization of Rei	mbursements	and Secondary Pa	yees		
Last Name of Worker/Con	nsultant	First		MI	Date of I	Payment to Vendor, r Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant			Payment to Reimbur reported in Section I	9:	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City	1.7.1		State	Zip Code
Purpose of Expenditure by code)	Description		Event #		1,000	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Req  None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	expenditure)	of the below" is checked)  Independent Organization: O A	000	D	
Last Name of Worker/Con	nsultant	First		MI	Date of Person of	Payment to Vendor, or Entity
Name of Vendor, Person o	or Entity Paid by Committee Worker/Consultant			Payment to Reimbureported in Section I	P:	Worker/Consultant as
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City			State	Zip Code
Purpose of Expenditure (by code)	Description	1	Event#			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Req  None of the below Coordinated with reimbursement sought (joint e Coordinated without reimbursement sought (in-	expenditure)	of the below" is checked)  Independent Organization: O A	000	D	
Last Name of Worker/Co	nsultant	First		MI		Payment to Vendor, or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		.		Payment to Reimbu reported in Section Check #	P:	Worker/Consultant as
Street Address of Vendor	, Person or Entity Paid by Committee Worker/Consultant	City			State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
Expenditure # (if applicable)	ype of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)  None of the below  Coordinated with reimbursement sought (joint expenditure)  Coordinated without reimbursement sought (in-kind contribution)  Organization: O A O B O C O D				30CT 10 PM	
		SUBTOTA	L Section T — This Pa	ige		
		TOTAL of ac	lditional Section T Pa	ges		
				55.55		